

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38983

FILED OCT 17 1957

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6239 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bellevue</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Bellevue</u> <u>1180</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Caledonia</u>				Length of stay in 1b <u>65 yrs.</u>		d. STREET <u>2 mi. NE of</u> ADDRESS <u>Caledonia</u>	
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>LEE</u> Last <u>WRIGHT</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>4</u> Year <u>1957</u>			
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 9 1872</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (City and state or country) <u>Iron Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		14. MOTHER'S MAIDEN NAME <u>Mary Shreve</u>	
13. FATHER'S NAME <u>Joseph McNail</u>				17. INFORMANT Address <u>Lyle Hicks, Caledonia Mo.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia R & L</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Due to persistent Bronchitis</u> DUE TO (c) <u>Infection acquired for 1 year</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>5021</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>5021</u>			
20c. TIME OF INJURY Hour <u>9.30</u> a. m. <u>p. m.</u> Month, Day, Year				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <u>Caledonia</u>			
20g. COUNTY <u>Washington</u>				20h. STATE <u>Missouri</u>			
21. I attended the deceased from <u>1947</u> to <u>Oct 3, 1957</u> and last saw her alive on <u>Oct 7 1957</u> Death occurred at <u>9.30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>H. E. Russell M.D.</u>				22b. ADDRESS <u>Polaris, Mo</u>		22c. DATE SIGNED <u>10/6/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Oct. 6 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Caledonia Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>White Funeral Home, Iron ton Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10/10/57</u>		26. REGISTRAR'S SIGNATURE <u>Helmut Rudolph</u>	

Queddy White

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amel J. White _____

Licensed Embalmer No. 3012

P. O. Address Winton 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.